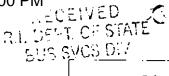
RI SOS Filing Number: 202340781920 Date: 9/5/2023 2:31:00 PM





State of Rhode island

## **Department of State - Business Services Division**

2013 SEP 15 P 2:31

## **Articles of Amendment**

**DOMESTIC Limited Liability Company** 

→ Filing Fee: \$50.00

Pursuant to the provisions of amends its Articles of Organi	RIGL 7-16-12 the undersigned limited liazation as follows:	ability company hereby		
1. Entity ID Number:	2. The name of the limited liab li	2. The name of the limited liability company is:		
001704924	PBS RESTORATION,	PBS RESTORATION, LLC		
3. If the entity's name is character the new name:	inging,			
<del></del>		Check the box to indicate no change 🗹		
<ol> <li>If the principal office address</li> <li>the entity is changing, comprofiles</li> <li>following section:</li> </ol>				
		Check the box to indicate no change 🗹		
5. If the period of duration is	changing, complete the following section	n CHECK ONE BOX ONLY		
Perpetual (on-going)				
Date certain for dissolu		Check the box to indicate no change [		
	changing, complete the following section	1: CHECK ONE BOX ONLY		
Partnership <b>or</b>				
✓ A corporation or				
Disregarded as an enti	ty separate from its member(s)			
		Check the box to indicate no change		
7. If the management struct	ure is changing, complete the following s	ection:		
The Limited Liability Compa	ny is to be managed by: CHECK ONE B	OX ONLY		
Its member(s) (If you in	ave checked this box, skip to Section 7.	DO NOT fill out the chart below.)		
One (1) or more managed of Amendment, state the	ger(s) (If the limited liability company has re name and address of each manager o	manager(s) at the time of the filing of these Articles in the next page.)		

FILED

2:31pm

SEP **0 5** 2023

BY LKS KBCZ6

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.r.gov

MANAGER	ADDRESS	· · · · · · · · · · · · · · · · · · ·	
1			~
1	· · · · · · · · · · · · · · · · · · ·		
		Check the	box to indicate no change 🗸
8. If adding or amending additiona	al provisions, complete the	<del></del>	<u> </u>
			(*)
9. As required by RIGL <u>7-16-67</u> , th	ne entity nac naid all fees a		e box to indicate no change
10. Date when these Articles of An			
		SALESAT GILLE	
✓ Date received (Upon filing)			
Later effective date (Date mus	st be no more than 90 days	from the date of filing)	
Under penalty of perjury. I declare accompanying attachments, and the	and affirm that I have exam hat all statements contained	nined these Articles of Amendm d herein are true and correct.	ent, including any
Name of Authorized Person	Street Address		
DAVID F. FARAONE		445 SAND TURN ROAD	
City/Town		State	Zip Code
WEST KINGSTON		RI	02892
Signature of Authorized Person	1		Date
i Jal	7-	~.	07/13/2023

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 05, 2023 02:31 PM

Gregg M. Amore Secretary of State

Treg M. Coure

